

SECURITY PROPERTY CHECKLIST

☐ HIRE ☐ RESIGNATION ☐ DISMISSAL ☐ TRANSFER

EMPLOYEE _____ DIVISION _____

SUPERVISOR _____ LAST DAY IN DIVISION _____

SUPERVISOR

ID CARDS

DESCRIPTION	ID#	ISSUE DATE/EMPLOYEE INITIALS	RETURN DATE/SUPERVISOR INITIALS
EMPLOYEE ID CARD			
BUS CARD			
CREDIT CARD/DINERS CLUB			
PARKING PASS			

KEYS

DESCRIPTION	ID#	ISSUE DATE/EMPLOYEE INITIALS	RETURN DATE/SUPERVISOR INITIALS
DESK, DRAWERS, OVERHEAD, DOORS, FILES, PARKING CARD KEY, ETC.			

INFORMATION TECHNOLOGY

SYSTEM ACCESS

DESCRIPTION	ID#	ISSUE DATE/EMPLOYEE INITIALS	RETURN DATE/SUPERVISOR INITIALS
NETWORK ACCESS			
HRMS/AFIS/ACCESS			
PMX ACCESS			
PASSWORD			
VOICE MAIL PASSWORD			
E-MAIL FORWARDED/ DELETED			

EQUIPMENT

DESCRIPTION	ID#	ISSUE DATE/EMPLOYEE INITIALS	RETURN DATE/SUPERVISOR INITIALS
PDA			
LAPTOP			
HOME COMPUTER			
HOME PRINTER			

PURCHASING

PHONE EQUIPMENT

DESCRIPTION	ID#	ISSUE DATE/EMPLOYEE INITIALS	RETURN DATE/SUPERVISOR INITIALS
CELLULAR			
BEEPER			

I understand this property is to be used only in officially approved activities in connection with my state employment. I agree to notify my supervisor immediately upon the loss of any of this property, in which case I will sign an Affidavit of Loss and reimburse ADVS for the replacement costs of the property. I understand and authorize that upon my termination from state employment, if I have failed to return the above property, the replacement value of the property will be deducted from my final paycheck. I understand that I would have thirty (30) calendar days to resolve the matter. I also authorize that at the end of thirty (30) days, if I cannot resolve the matter, the deduction will be processed into the general fund.

EMPLOYEE SIGNATURE/DATE

SUPERVISOR'S SIGNATURE /DATE

DISTRIBUTION: EMPLOYEE; SUPERVISOR; IT OFFICE ; PAYROLL; PURCHASING;